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From: Commanding Officer, Navy Public Works Center, Pearl Harbor
To: Commander, Naval Facilities Engineering Command

Subj: **FY-99 OCCUPATIONAL SAFETY & HEALTH PROGRAM IMPROVEMENT PLAN**

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1. Per reference (a), enclosure (1) is forwarded.
2. If you require assistance, please don't hesitate to call Lyrita Gochenouer, (808) 471-8868 or email: gochenouerle@pwcpearl.navy.mil.


M. K. LOOSE



**FY-99
OCCUPATIONAL
SAFETY & HEALTH
PROGRAM IMPROVEMENT PLAN**



31 October 1998

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FOREWARD

PWC Pearl's mission is to provide responsive, quality and cost-effective public works support to Department of Defense command/foreign military and Federal agencies. While performing its mission, this highly diversified organization plays a very important role in the economic picture of the State of Hawaii.

The Center is one of Hawaii's major employers of local trade and white collar expertise. Our talented workforce is able to do just about any type of work or service a customer may require. Our contracting services provide our customers a choice of providers -- shop workforce or private contractor -- to meet their specific needs.

We're committed to not just satisfying our customers, but delighting them. To reach this aggressive goal, we're constantly reviewing our processes to ensure we deliver the highest quality product or service at the best possible price.

Our commitment to our "ohana," the PWC Pearl family of employees, is critical to accomplishing our mission. Our strategy, to enable our employees to be the driving force for continuous improvement, will only succeed if our people are safe, healthy and able to work. Therefore, our FY-99 Occupational Safety and Health Program Improvement Plan (OSH PIP) is focused toward ensuring we do our utmost to provide the safest possible work environment.

Further, our OSH PIP will strive for improvements in our internal processes to allow us to work smarter -- strategies include automation improvements, ensuring we make cost effective decisions which provide the best protection for our employees, and reducing workers compensation costs. We also are embracing regionalization as we move into the next fiscal year. This Navy-wide initiative brings new challenges and opportunities. The FY-99 Plan renews our focus on incremental improvements through its strategies, desired outcomes, quality improvements and initiatives.

The OSH Program Improvement Plan is approved for execution in FY-99 as an extension of our Strategic Focus and Business Plan.

M.K. LOOSE
Captain, CEC, USN
Commanding Officer

INTRODUCTION



Section 1



FY-99 OSH Program Improvement Strategies

Regionalization, realignment, consolidation, budget reductions...all of these impact our FY-99 program improvement strategies. We know we must change the way we do business in order to improve. We must become more efficient and cost effective. We cannot afford to waste precious resources, manpower or equipment.

Our customers within the Hawaii region include a diverse workforce, involved in a myriad of low to high risk operations on a daily basis. We must be prepared to manage the wide variety of hazards. Our strategy will be to continue the professional development and cross training of safety and health professionals throughout the region.

We know that as we move into a regionalized Occupational Safety and Health Office, we must convince skeptics who are worried about the quality of service they will receive that we can meet their needs. Our challenge will be to exceed expectations. Now, more than ever, team efforts are vital to our success. Current processes must be improved to achieve maximum efficiency and cost effectiveness.

We need strong management emphasis and support for our Occupational Safety and Health Program in order to manage the changes we will undoubtedly undergo. While process and organizational changes are inevitable, we must blend in these changes with minimal impact upon our employees, our most valuable asset. We must never accept mishaps, their related costs and lost productivity, as a cost of doing business.

L. E. GOCHENOUER
Manager, Occupational Safety and Health

Occupational Safety & Health Staff Vision Statement

***The safety of our people is our highest priority.
We are the leaders for occupational safety and
health programs within the Department of Defense.***

Occupational Safety & Health Staff Mission Statement

***We will strengthen the caring atmosphere and
involve our people in issues that affect their well-
being, job satisfaction and productivity. Our mission
is to convince our people through safety awareness
and understanding that the safe way is the only way.***



Occupational Safety and Health Policy Statement

We are committed to quality and excellence. We will continuously seek innovative ideas and methods to improve our services, to provide responsive, reliable, high quality safety and health services to our customers.

Our strength in meeting the challenges that lie ahead is in our people.

***FY-98
OSH Program
Improvement Plan
Accomplishments***



Section 2

CONTRACT SAFETY SUPPORT (CS)

**Goal: Implement Contract Safety Support to Field Office Model,
improve quality of support**

CS-1 Implement FOM Safety Support

Function: Evaluate and identify most appropriate means for providing centralized support; implement changes.

A Memorandum of Understanding (MOU) for allocation of safety and health functions provided by PWC PEARL and PACDIV OSH personnel was signed and began implementation in March 1998. Guidance from NAVFAC indicated that the Engineering Field Divisions should be the lead for safety support for contracting. Written recommendations from NAVFAC were provided in early FY-98, using the PWC PEARL/PACDIV draft MOU as a baseline document, since we were the first to implement the Contracting Alliance.

We've experienced "growing pains" during the year; primarily requiring improved communication between the PWC PEARL and PACDIV OSH Offices. The ROICC has scheduled recurring Contract Safety Meetings (approximately monthly), attended by PWC PEARL and PACDIV contracting and OSH personnel. These meetings have helped to reduce concerns and mediate differences in opinions and operating procedures.

CS-2 Turn-around time for contract/spec review is reduced.

Contracts/Submittals reviewed in FY98 (to 8/26/98)	894
Reviews completed in less than 5 days	819
Reviews requiring more than 5 days to complete	75
Total work hours recorded (PWC PEARL OSH Staff)	652.25
Average turn-around time	4-4.5 Days

Our Office Automation Assistant developed a tracking database. Documents submitted for safety and health review are entered into the database and their review progress can be tracked. The database includes contract number, title, submittal description, date received/date returned, person completing the review, and comments. This has been valuable in ensuring we continue to improve our review process. It also allows us to more closely track the man-hours actually involved in document review.

Unfortunately, what was not captured in the database or total work hours recorded, was time spent following up on incomplete submittals, answering questions regarding our review comments, research conducted outside of the office (on the job site or library).

In addition to reviewing contract documents, our Safety Engineer and Industrial Hygienist attended 98 pre-construction conferences in FY-98 (through 26 Aug 98), and PACDIV OSH Office attended 67. Included in these figures are about ten pre-cons attended by both PWC PEARL and PACDIV OSH personnel. Per our signed MOU, PACDIV OSH Office is responsible for attending pre-construction meetings.

CS-3 Increase site visits of contract sites by OSH professionals

Our OSH Office previously inspected PWC PEARL-administered contract job sites on an infrequent basis, usually upon request from the inspector or Contract Administrator. PWC PEARL OSH staff checked high hazard job sites, but daily site visits were typically deferred to the contract inspector. The OSH Office did not have a recurring schedule of contract inspections. Per our MOU, ROICC job sites are inspected by PACDIV OSH personnel on a regular basis. Contracts in Kaneohe are inspected every Wednesday. In other areas the inspection frequency is determined by the hazard of specific phases of operation.

CS-4 Mishap statistics for contractors are included in recurring reports to Contracts FOM, CO and XO

Since PACDIV took the lead in investigation and reporting of contractor mishaps under our MOU, we did not implement quarterly mishap report summaries as originally planned. This may need to be revisited pending a final decision on contract safety support under regionalization.

Section 5 of this report includes updated contractor mishap.

ENVIRONMENTAL INITIATIVES (EI)

Goal: Improper use of hazardous materials is minimized, resulting in fewer injuries/illnesses as a result of exposures to HM. Pollution Prevention Committee initiatives continue HM/HW improvements.

EI-1 Random, periodic inspections of workplaces to check for proper use, handling and storage of HM.

Code 09K1, Field Support Branch, includes specific checks for hazardous materials in every job site visit and facility inspection. The Safety and Occupational Health Specialists check for Material Safety Data Sheet (MSDS) availability, proper use, personal protective equipment, storage and containers, and training of personnel. Upon returning to the office, medical qualifications and training records are double-checked to ensure total compliance with HM use requirements.

Fewer instances of improper use, storage and handling of hazardous materials were noted during random, periodic inspections of workplaces compared to the same period last fiscal year. During FY-97, 40 deficiencies were cited. This fiscal year, 25 deficiencies were cited with one exposure occurring on 25 July 1998. Mishap 8109 was for exposure to the adhesive a contractor used when installing carpet.

One employee claimed exposure to toxic vapors following calibration of confined space-testing equipment, resulting in four lost workdays. Workplace monitoring conducted by the OSH Office verified that there is no potential for exposure to toxic gases over the permissible exposure limit; however, the odor threshold is exceeded. Employees *smell* the calibration gas, but there is no hazardous exposure. The Office of Workers Compensation (OWCP) denied this claim in October 1998.

EI-2 Documentation of HM substitutions is improved.

Between September 1997 and August 1998, the Command processed 61 requests for additions to the Authorized Use List (AUL). In addition there were approximately 40 requests for "one time authorization" for use of a hazardous material. The Command's AUL has been reduced from a high of over 1,300 items to 400 hazardous materials stocked and issued by our Material Department. In addition to this "Active AUL," the command maintains an "Inactive AUL," which brings the total items on the Command Authorized Use List to approximately 1,000. By continuing to reduce the Active AUL, and scrutinizing and substituting materials on the Inactive AUL, we believe we have excellent control of hazardous material use within PWC PEARL.

None of the Material Safety Data Sheets reviewed for the requests for new hazardous material included reproductive hazards.

EI-3 Materials on the AUL, which are reproductive hazards, identified and receive special emphasis for substitution.

It is extremely difficult to query the AUL database for reproductive hazard materials. AUL materials are logged in by major ingredients, which may or may not be reproductive hazards. Upon completion of CHRIMP implementation, it will be possible to perform more specific queries for this type of hazard. As new materials are requested, they are being carefully reviewed to identify potential reproductive hazards and, when appropriate, less hazardous substitutes are substituted.

EI-4 Recycling of excess HM is expanded.

PWC PEARL is laying the groundwork for full CHRIMP implementation which will mandate recycling of all reusable hazardous material. PWC PEARL will be the first Public Works Center to have implemented CHRIMP with the HSMS program to track hazardous material. Implementation is scheduled for Spring 1999.

Other HM/HW Improvements:

- Halon 121 fire extinguishers were replaced with dry chemical type in July 1995
- Bilge water and compensating water from ships is treated to remove oil, fuel, and trace metals
- Code 530 has converted to 95% use of latex paints since 1995
- Code 530 is converting to use of borate treated lumber instead of wolmanized lumber
- The new UV system at Fort Kam Sewage Treatment Plant has eliminated the use of the toxic chemicals Chlorine and Sulfur Dioxide, which also eliminated the requirement for OSHA's Process Safety standard implementation
- New chlorination systems at our drinking water facilities have eliminated the storage of Chlorine gas
- Code 700 is using a citrus based parts water
- Code 700 has eliminated the use of ODS containing brake cleaners and solvents
- At Barbers Point waste water sludge is combined with green waste and composted

ERGONOMIC INITIATIVES (ER)

Goal: Reduce the number of back injuries resulting in lost workdays by 15% by The end of FY98. Minimize potential for repetitive trauma disorders.

ER-1 Provide ergonomics training to top management.

NAVFAC sponsored ergonomics training for supervisors and managers, provided by Skip Olsen of ErgOptions during FY-98. Most supervisors and managers attended this excellent course, which not only identified potential ergonomic problems, but also provided methods to evaluate and identify appropriate corrective measures, which could be implemented at minimal cost. It was determined that a separate training session specifically for top management was not necessary following the ErgOptions courses.

ER-2 Analyze and thoroughly investigate RTD injuries and illnesses.

All repetitive trauma disorders are referred to our Industrial Hygienist for review. A workplace evaluation is conducted with the injured employee actively participating in the review. New ergonomic equipment to support unique situations (larger mouse designed for larger hands, adjustable keyboard trays with slide-out mouse stand, various models of back rests and cushions, new designs for computer work stations/desks, etc.) were ordered and evaluated. The computer training room is now equipped with computer modules that have the monitor placed beneath the desktop. Several ergonomic evaluations were conducted within the Comptroller Department, where most of the complaints originated.

In FY-97 thirteen of twenty back injuries resulted in days away from work, for a total of 137 lost workdays. In FY-98, ten of seventeen back injuries were so severe employees were unable to work. These back injuries resulted in 82 lost workdays. Total back injuries were reduced by 15% from FY-97 to FY-98; disabling back injuries were reduced by 23%. There was nearly a 40% reduction in lost workdays.

ER-3 Identify potential for CTS and other ergonomic problems in office environments.

Twelve ergonomic evaluations were conducted of office environments during FY-98. This included evaluations in Legal Counsel, Comptroller, Maintenance Department, the OSH Office and one in ADP (Code 153). Common complaints found in office environments include sore and aching shoulders, neck, back and wrists. Common discrepancies found included chairs, which did not provide adequate lumbar support, poor positioning of the video display terminal, and wrists not kept in a neutral position while typing. Ergonomic chairs specially designed for very large persons were provided, successfully eliminating complaints of back and hip pain from those individuals.

ER-4 Mishap investigations into back injuries identify root cause.

During FY-98, mishap investigation techniques were modified slightly, to include an emphasis on employee physical conditioning, age, and off-the-job habits. This ensured we could identify if our disabling injuries occurred within a certain age group or if employees who spent their leisure time in sedentary activities were more likely to hurt their back at work. During FY-98 there was no clear problem area (e.g., no one trade sustained back injuries more than others). Eleven of nineteen back injuries occurred within the Maintenance Department, which is logical based upon potential exposure due to the nature of their work. Most back injuries involve males, moderately overweight with poor abdominal strength, over age 40, with a sedentary lifestyle away from work.

Analyzing the work process involved is included in back injury investigations. Lifting heavy objects caused the highest number of back injuries (8) in FY-98. Replacing manual material handling with mechanical means is a typical recommendation. Implementing the use of Genie Lifts by our Air Conditioning Equipment Mechanics during FY-97 reduced their risk of back injury. This work center did not report any back-related injuries in FY-98, a marked improvement from FY-97.

ER-5 Promote general health awareness and off-the-job ergonomic hazard awareness.

Ergonomic training provided by ErgOptions and OSH staff members during FY-98 included discussion of off-the-job health and habits which could lead to ergonomic problems. Articles in the Centergram included both work-related and off-the-job ergonomic recommendations. Items in the Plan of the Week also were provided to draw attention to the importance of general health. Specifically, hazards of the outdoor environment were published in April's Centergram.

MISHAP REDUCTION (MR)

**Goal: Motor vehicle mishaps reduced by 15%. Material Property Damage
Mishaps reduced by 10%. Total personal injuries and illnesses reduced**

To below a case rate of 5.77 (FY-96 level).

MR-1 Identify problem mishap areas (work centers, job titles) and focus on prevention in these areas.

Based on FY-97 experience, focus on Air Conditioning Equipment Mechanics (ACEM) within WC 564 continued into FY-98. There was an overall decrease in personal injuries and illnesses, and no back injuries in FY-98 involving Work Center 564 ACEMs.

The OSH Office focused on other work centers throughout the year as mishaps were reported. For example, after complaints of wrist and shoulder discomfort within the Comptroller Department, three more training sessions and four more ergonomic evaluations were conducted in this department in FY-98. Our Industrial Hygienist worked with individuals who complained of discomfort in addition to the evaluations, to ensure they clearly understood what they could do to better protect themselves from further injury.

MR-2 Mishap experiences widely publicized.

Circulation of lessons learned following mishaps continued in this fiscal year. This ensures that other work centers with similar work operations can learn from mishap experience. The Command adopted reduction of lost time mishaps and motor vehicle accidents as special interest areas, with quarterly performance reviews at Executive Steering Group meetings.

Mishap frequency rate data charts and graphs were placed on the Command's shared drive, to which all department and office heads have access. The monthly injury log is distributed (without names) electronically to department/office heads as well.

The Commanding Officer is kept informed of all mishaps, regardless of how minor, via e-mail as they are reported. Contractor mishaps are reported by the Resident Officer in Charge of Contracts directly to the Commanding Officer and OSH Manager via e-mail. The OSH Manager reports other PWC PEARL injuries and accidents to the Commanding Officer.

MR-3 Reduce number of motor vehicle mishaps.

At the end of first quarter FY-98, there was a marked increase in motor vehicle mishaps; twice as many as for the same period in FY-97. At the recommendation of the OSH Office, the Safety Time Off Award was modified so that a work center had to not only work a quarter without a lost workday injury, but also complete an entire quarter without a preventable motor vehicle mishap. PWC PEARL experienced 48 motor vehicle mishaps during FY-98, compared to 49 in FY-97. More significant was the reduction in reversing mishaps – from 23 in FY-97 to 17 in FY-98.

MR-4 Improve statistical information related to mishap statistics.

As reported in our self-evaluation, mishap recordkeeping was automated utilizing Access software during FY-98. This improvement allows us to manage, query, sort and analyze data much more quickly. Statistical information and trends can be produced within minutes. The injury/illness, motor vehicle and material property damage mishap logs inter-link and are connected to the main Employee Safety Management Database.

MR-5 Provide improved mishap info to department heads.

As stated above, mishap information is electronically shared with department and office heads. They have access to mishap frequency rate for the command, their department, divisions and work centers within the department. By reviewing the case rate charts, they can compare their progress to other groups within the Center.

When the OSH Manager electronically reports an accident and/or injury to the Commanding Officer, information is also provided to the department/office head, Production Officer and Executive Officer.

OCCUPATIONAL HEALTH (OH)

Goal: Excessive medical surveillance eliminated. Personnel who are not Medically qualified to work are not exposed to hazardous environments.

OH-1 Excessive personnel removed from Hearing Conservation Program.

Our OSH Office worked with Naval Medical Clinic's audiologist to evaluate and remove personnel from the Hearing Conservation Program if continued enrollment was not necessary. We discovered that many employees currently working in administrative offices had never been formally removed from the program after having working in the Production Group. Since personnel can only be removed from the roster by an audiologist, it was necessary to review their case histories on an individual basis.

During FY-98 we successfully reduced the number of personnel enrolled in the Hearing Conservation Program by approximately 12%. We continue to work with Naval Medical Clinic's audiologist and Industrial Hygiene Division to analyze our workforce exposure to hazardous noise.

OH-2 Code 300 asbestos and lead abatement evaluated and improvements implemented.

An OSH Specialist and Industrial Hygienist participate in regular meetings with the Environmental Department. This ensures that the OSH Office is aware of current projects so monitoring arrangements can be made. As a result, most work operations conducted by

Code 300 were monitored during the year. Specific work process improvements were implemented as recommendations were identified.

A database to record monitoring results was developed and implemented for contractor operations, and a database for recording/tracking monitoring results for operations performed by government workers is being developed. This new database will be used region-wide, vice solely for PWC PEARL.

OH-3 Medical surveillance and PPE requirements for each work center are identified.

This initiative began in FY-97 and continued throughout FY-98. We have completed analyses for the Engineering, Contracting, Utilities, Transportation and Material Departments. Analyses for the Maintenance Department are about 75% complete.

The process includes meeting with each workplace supervisor to review processes that may potentially result in exposure to physical or environmental hazards. When necessary, workplace monitoring is schedule to determine whether or not additional medical surveillance or PPE is required. Upon completion of the analysis, a written assessment is developed to document the study, medical surveillance records for work center employees are updated and PPE requirements are provided to the work center supervisor.

OH-4 “Come back” copies of employee medical qualifications are timely.

A means of tracking whether or not the ‘come back’ copy of an employee’s medical exam was included in improvements to the Employee Safety Management Database. Now our office can query the database to identify which employees have attended their medical exams, but we have not received a final report from the Naval Medical Clinic.

In addition, our office arranged with the Naval Medical Clinic to pick-up ‘come back’ copies and other medical surveillance information. The Clinic established a ‘mailbox’ for PWC PEARL, which is checked by OSH personnel at least once a week.

OCCUPATIONAL SAFETY AND HEALTH TRAINING (OT)

**Goal: Improve the effectiveness of safety and health related training while
Reducing time spent in classrooms and related overhead expenses**

OT-1 MMVF training requirements are established, tracked and implemented.

It was determined that training is required initially for personnel who will handle and be potentially exposed to MMVF. Individuals exposed over the action level must be trained annually. Monitoring of operations involving MMVF validated that our employees were not exposed over the action level; therefore, only initial training is required for employees.

OT-2 Hearing Conservation training process improved.

Hearing conservation training continues as a scheduled topic of the month for work center stand-up safety meetings. A detailed listing of work centers with personnel who had not completed hearing conservation training was distributed in July 1998, and by the end of the fiscal year 100% of the required training was complete.

OT-3 Safety and Health training adequately addresses reproductive hazards.

After much research on the most effective way to provide reproductive hazard training, a video was ordered and is now available for use. The Naval Medical Clinic agreed to assist in providing comprehensive training for our work centers.

In addition to this special effort, other general safety and health training requirements were reviewed to ensure that, whenever necessary, reproductive hazard information was included in the lesson plan. For example, the lead training lesson plan includes specific discussion of reproductive hazards related to over-exposure.

This initiative is being carried over into FY-99's OSH PIP.

OT-4 CPR/First Aid training is current.

The Human Resources Service Center arranged for CPR/First Aid training through the Red Cross during FY-98. All personnel identified by the command as requiring this training were scheduled and completed CPR/First Aid training, a marked improvement over previous fiscal years.

OT-5 Computer-based training for respiratory protection in place.

This is an on-going initiative. The People QMB aggressively researched and presented a proposal for Command-wide computer-based training, including safety, health, and other skills training. In September 1998, the OSH Office received 22 computer-based safety and health courses and one new computer specifically for this type of training. Additional computers are being set up in the various departments to enable personnel to complete mandatory safety, health and skills training without leaving their work site.

Computer-based training for respiratory protection will typically be conducted in the OSH Office, immediately followed by fit testing. For work centers in outlying areas, the training course will be offered at the work center. Upon completion of the computer training, the OSH Office will fit-test shop employees. Analysis of the training indicates classroom/training time is reduced by more than 75% -- from three hours to approximately thirty minutes per student.

OSH OFFICE IMPROVEMENT INITIATIVES (OI)

Goal: OSH Office is structured and managed to provide better, more timely service to customers. Automation of internal processes improved to reduce labor effort and provide timely, accurate statistical information to the Command.

OI-1 Replace outdated software program for the Deficiency Abatement Program.

Our Office Automation Assistant began work on an improved Deficiency Abatement Program in FY-97. During our regionalization study, we learned that a GS-11 Safety and Occupational Health Specialist at NCTAMS was working on a similar format for their Command Deficiency Abatement Program. Mr. Ornellas from our office met with NCTAMS to compare their ideas and progress. As a result, NCTAMS took the lead and completed the Access-based Deficiency Abatement Program, which we will implement on 1 October 1998. NCTAMS has implemented our Employee Safety Management Database, including the FY-98 improvements described below.

OI-2 Update/develop software application for mishap tracking (log) and statistics.

Our Office Automation Assistant converted our old Civilian Log of Injuries and Illnesses from a DOS program into Access. He linked the new database to his previously developed Employee Safety Management Database, eliminating detailed entry of an employee's name, work center, and other personal data. Pre-set queries can produce commonly used reports, such as the monthly Log of Injuries and Illnesses, either with or without names, which can be distributed via e-mail instead of hard copy.

In addition to the log of injuries and illnesses, Mr. Ornellas created motor vehicle and material property damage mishap logs. By using personnel data from the Employee Safety Management Database, entry of mishap information is made much easier, and an automatic tracking system is built in to ensure all required actions are completed to close out the investigation. Old data was transferred into the Access database to ensure historical information is maintained, offering the ability for comparative analyses. The database tabulates property damage and other costs year-to-date and can be sorted to create a variety of reports.

This automation improvement eliminated the need to continually print hard copies of logs, as information is readily available to OSH staff members on our shared drive. The improvements also automatically compute periodic statistical reports such as the Annual Mishap Report (submitted to the Navy Safety Center) and information for Quarterly Performance Review. By sorting mishap information using the automated queries, time required to prepare the annual mishap analysis has been reduced by more than 85%.

OI-3 Increase frequency of job site visits by OSH professionals.

We believe the increase in job site visits was a key factor in mishap reduction. This output measure was achieved not only by the increase in site visits, but the increase in workers requesting safety and health consultation assistance prior to the start of work.

By tracking the number of site visits per OSH professional, we realized a 16% increase in the frequency of site visits over FY-98. While this may not seem significant, it was achieved even though our administrative support staff was reduced from three to one persons, requiring OSH professionals to assume more of the administrative workload.

OI-4 PWCPEARLINST 5100.20 updated, published.

Four chapters in the Safety Manual, PWCPEARLINST 5100.20, were rewritten, but not published during the fiscal year. The Safety Regionalization Team decided to hold publication of all new command instructions pending a decision on regionalization. However, recently the Team agreed that final implementation will most likely take longer than we anticipated; therefore, we intend to publish revised chapters in FY-99.

OI-5 Government credit card use does not override OSH approval process.

We found it was extremely difficult to review credit card purchases to identify purchases made without prior OSH approval. However, Material Department personnel notified the OSH Office throughout the year of questionable purchases made by card holders. When notified, the OSH staff investigates and has verified some purchases that should have been reviewed and authorized by the OSH staff prior to purchase. In addition, some work centers improperly purchased hazardous materials using a credit card. The Material Department will continue to alert the OSH Office when any procurement appears to have been made without required prior OSH review/approval.

An article was published in the Centergram reminding all employees of the importance of a safety and health review prior to purchasing furniture, tools and/or equipment. Restrictions on credit card purchases were included in the article, written by our Supervisory Industrial Hygienist with input from the Material Department.

RESPIRATORY PROTECTION PROGRAM IMPROVEMENTS (RP)

Goal: Weaknesses in Respiratory Protection Program eliminated; Self-evaluation of program indicates program improved to satisfactory management level.

RP-1 Personnel using or attempting to obtain respirators are physically able to use them (no interfering facial hair).

Based on a review of our NAVOSH Deficiency Abatement Program, there was a marked improvement in the number of instances when employees were found wearing respirators with interfering facial hair. However, employees continue to attempt to obtain respirators and/or cartridges when they have full or partial beards. No deficiencies were issued in these cases; however, first line supervisors were contacted and counseled on their responsibility to ensure personnel are physically able to use respiratory protective equipment. This initiative will be included in FY-99's OSH PIP.

RP-2 Self-contained breathing apparatus training current.

SCBA training, which was found deficient in the FY-97 program self-audit, was reviewed and updated. Records for work centers no longer using SCBA equipment were updated to show that this training was not required. Training was completed for all other work centers using SCBA equipment by 4 December 1997.

RP-3 Improper storage of respiratory protective equipment eliminated.

By December 1997, the lesson plan for respirator training was updated to emphasize the importance of proper selection, care and storage of respirators. Supervisor annual safety training included additional guidance to assist them in preparing appropriate documentation to request respirator cartridges.

RP-4 Tool Room personnel receive respirator training.

A representative from the 3M Corporation conducted respirator training for tool room personnel. This training included proper inspection and maintenance of respiratory protection equipment issued to PWC PEARL personnel through the tool room.

RP-5 Respirator SOP's current and properly posted.

Standard Operating Procedures for Code 700 were developed and issued by 1 December 1997. By the end of the fiscal year, SOP's were current and properly posted in all work centers requiring them. Completion was delayed due to rescheduling of the annual Industrial Hygiene Survey by the Naval Medical Clinic.

WORKERS COMPENSATION COST REDUCTION (WR)

Goal: Reduce Workers compensation Chargeback Costs below CBY-97 level (\$2.64 million).

WC-1 Continue efforts to rehire employees on long term compensation rolls.

The FECA Cost Reduction Committee, working with our Injury Compensation Program Administrator (ICPA) and FECA Advocate, continue efforts to evaluate personnel on the long-term compensation rolls. Two individuals were identified as able to return to work during the fiscal year. One employee is currently working four hours per day and his physician is still evaluating the second.

Our ICPA and FECA Advocate visited OWCP Region IX in San Francisco during the fiscal year to review PWC PEARL claims. As a result of these efforts one long-term case was reassigned from PWC PEARL to Naval Magazine Lualualei, when it was discovered that the injury actually occurred while the employee worked at that activity.

WC-2 Continue aggressive case management.

Our case management contract was renewed this fiscal year. The contract involves an occupational nurse being assigned a compensation case whenever the command has questions or concerns about the length of recovery. Through these actions, the average number of lost workdays per case was reduced to 8.5 days per case (down from over 12 days per claim last fiscal year).

There were 42 lost time injuries in FY-97 and 41 lost time injuries in FY-98, a reduction of 2.4%. Total lost workdays was reduced from 361 in FY-97 to 341 in FY-98.

WC-3 Implement effective light duty placement throughout Command.

The Command's FECA Advocate established additional job/position descriptions for light duty work during FY-98. Each department designated a Light Duty Coordinator, who works closely with the FECA Advocate to ensure placement of an employee who is returned to light duty following a work-related injury. As stated above, total lost workdays were reduced to 341 in FY-98.

WC-4 Provide better information to OWCP to assist in case decisions.

The OSH Office provides a narrative report following mishap investigations, which can be included in claim submittals to OWCP. Our staff industrial hygienists conducted analyses of all hearing loss and repetitive trauma claims, provide workplace monitoring data and health hazard information for submission to OWCP.

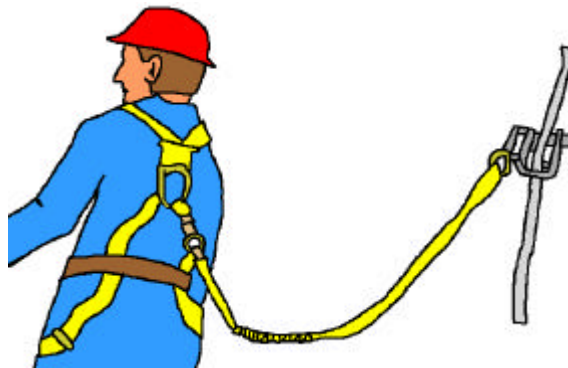
An employee's history of training related to the type of claim (e.g., hearing conservation training history when a claim for hearing loss is filed) is provided to the ICPA for submission to OWCP. A review of the NAVOSH Deficiency Abatement Log is conducted to identify any instances where deficiency notices were issued for failure to comply with safety and/or health requirements.

Three hearing loss claims paid during FY-98 were the highest in PWC PEARL history. One claim exceeded \$60,000, a previously unheard of award amount. As word of the claim pay-outs spread

through the Command, we noted an increase in the number of hearing loss claims filed. Also unusual are the number of hearing loss claims filed by supervisors.

Because we expect FECA costs to exceed \$2 million again this year (estimated at \$2.3 million, based on analysis of three quarters of the billing year), we will continue the Workers Compensation initiatives into FY-99.

***FY-98
OSH Program
Self-Evaluation***



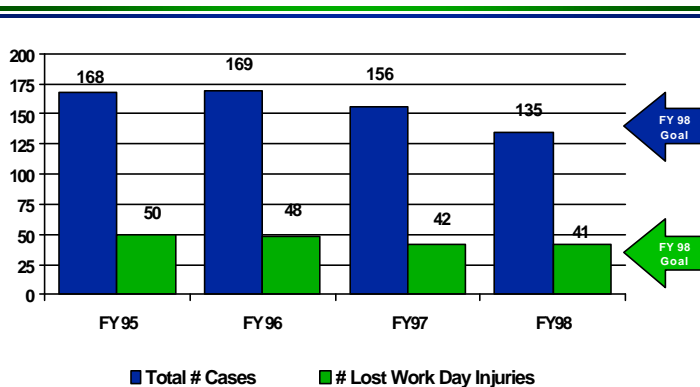
Section 3



Annual Occupational Safety and Health Program FY-98 Self-Evaluation

Command Quarterly Performance Review Metrics

Total Lost Time Accidents



C/09K

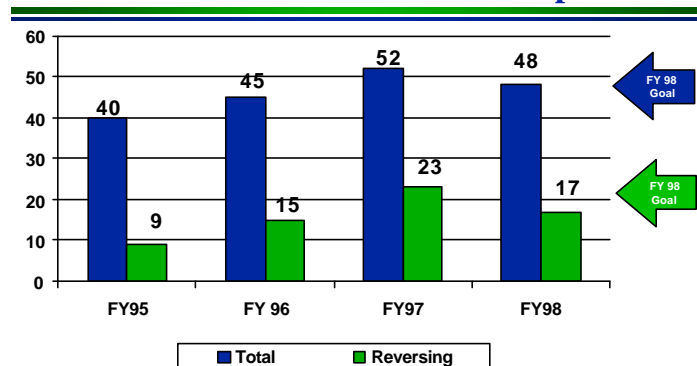
Reducing lost time accidents continues as a common focus. As illustrated, our mishap experience as of the end of FY-98 shows a continued reduction since FY-95.

At the end of the fiscal year, PWC PEARL was operating with a frequency rate of 7.72, compared to 6.22 in FY-98. Although we had fewer accidents, a reduction in our workforce resulted in fewer work hours, and a higher overall frequency rate.

The Command included reducing motor vehicle mishaps as an objective in FY-98 because of an annual increase in accidents since FY-95.

In FY-98 we reversed the accident trend. This milestone was especially noteworthy, since we ended the first quarter of FY-98 with nearly double the number of accidents for the same period last year.

Reduce Motor Vehicle Mishaps



C/09K

NAVOSH PROGRAM ELEMENTS

The Navy Occupational Safety and Health Program Manual, OPNAVINST 5100.23 series, outlines elements of the NAVOSH Program. PWCPEARLINST 5100.20 is our local implementing instruction for Navy and Federal Occupational Safety and Health (OSHA)

Discussed below are program elements applicable to PWC PEARL and a summary of the program status. The NAVOSH Program Evaluation Guide for shore Activities, October 1996, as well as local trends and initiatives, were used as a basis for this review.

Overall, our Command Safety and Health Program is considered **SATISFACTORY**. Some areas need improvement, and weaknesses in those program elements are included in our FY-99 OSH Program Improvement Plan (OSH PIP).

A summary of actions taken per the FY-98 OSH PIP are addressed separately and, therefore, are not discussed in detail here.

Management Evaluation of OSH Program – SATISFACTORY

Our NAVOSH Program was evaluated during the Command Inspection in April 1998. One formal recommendation was cited, concerning the Facilities System Safety Working Group. This was corrected by coordinating with COMNAVBASE PEARL's Facilities Engineer to ensure our office is provided with early notification of projects. Our program was rated SATISFACTORY by the Pacific Division, Naval Facilities Engineering Command inspector.

Asbestos/Man-Made Vitreous Fibers (MMVF) Control – SATISFACTORY

Our asbestos safety and health program is well implemented; personnel who routinely work with asbestos are AHERA certified per EPA before performing asbestos-related work. The Command's Asbestos Program Manager is located within the Environmental Compliance Staff, (Code 09E). The OSH Office, Code 09K, is responsible for ensuring abatement projects are conducted in accordance with OSHA and EPA requirements, and for conducting workplace monitoring (air sampling) during abatement.

The number of abatement operations monitored in FY-97 was 261; 173 operations were monitored during FY-98. Code 312 has taken aggressive action to establish asbestos abatement services, and improved inter-department relations. They now notify the OSH office of any abatement projects to be scoped, evaluated, or monitored. Personal sampling is being conducted to establish baseline data for Code 312 personnel. Code 535 still performs asbestos abatement, limited to incidental work to support the shops.

Last year we requested an interpretation from the Naval Environmental Health Center (NEHC) regarding the requirements for annual MMVF training, as stated in OPNAVINST 5100.23D. We did not receive a response from NEHC; however, we did obtain an interpretation from the Navy Occupational Safety and Health and Environmental Training School. We were advised that initial training is required for personnel who may be exposed to MMVF, and annual training is required

for personnel who are exposed over the Permissible Exposure Limit (PEL). Our monitoring data validates that our employees have not been exposed to MMVF over the PEL; therefore, initial training is adequate. We will continue to offer training, and have included MMVF as a stand-up safety meeting topic for FY-99.

Bloodborne Pathogens Program – SATISFACTORY

There were no incidents involving bloodborne pathogen exposures within PWC PEARL; however PWC PEARL was contacted twice during the fiscal year to respond to emergencies involving body fluids at customer activities, but was unable to respond.

ROICC Code 241 has been unable to award a spill clean up contract. NCNS Environmental cleaned one of our customer's emergencies under a Blanket Purchase Agreement. NCNS has not been awarded a contract because of their failure to provide all required contract submittals. Pearl Harbor Naval Shipyard attempted to obtain bloodborne spill response support from the Naval Medical Clinic without success. The Medical Clinic is unwilling to provide such services.

PWC PEARL does not have a workforce trained or prepared to respond to such emergencies, and it is not recommended that we attempt to provide this service. However, if the Command wanted to take on this type of work, the following requirements must be met:

- ◆ An exposure plan must be developed;
- ◆ Bloodborne Pathogen training must be provided to spill response workers;
- ◆ Proper equipment must be procured for spill clean-up, which would include personal protective equipment, biohazard waste signs, labels, disinfectant solutions, etc.;
- ◆ A waste contract must be established to dispose of biohazards material;
- ◆ Hepatitis B vaccinations and post-exposure medical follow-up exams must be offered to employees; and
- ◆ Training and medical evaluation records must be maintained for all response workers

Cadmium Control Program – SATISFACTORY

There were no problems or unusual jobs during the fiscal year, which involved cadmium hazards. Hazard awareness training is current and there have been no exposures over the Permissible Exposure Limit.

Command Support for the NAVOSH Program – SATISFACTORY

The Occupational Safety and Health Manager is a member of the Command's Executive Steering Group, and participates in policy decisions for the Command. The Manager has direct access to the Commanding Officer, and meets regularly with the Executive Officer.

PWCPEARLINST 5100.20 series requires updating. Publication of recently prepared changes was tabled when the Pearl Harbor Regionalization studies got underway. At that time, region OSH Offices agreed that devoting time and effort to change local instructions may be wasted since we would be merging our instructions into a Regional Occupational Safety and Health Instruction. However, it now appears that publication of a regional instruction is at least six months away. Therefore, we intend to publish changes to at least four chapters of our current Command instruction during FY-99.

Two Hours Safety Incentive Leave, awarded to Production Department work centers completing a fiscal year quarter without a lost workday injury, continues to be a highly sought after award and an effective tool to reduce lost time injuries. Effective with the fourth quarter, FY-98, we added a requirement for the work center to achieve a quarter without a preventable motor vehicle mishap as well. The OSH Policy Council, after reviewing Quarterly Performance Goals for the first and second quarters, felt it was necessary to reverse the increasing trend of motor vehicle mishaps. By requiring work centers to complete a quarter without a lost workday injury and without a preventable motor vehicle mishap, this award is a little more difficult to achieve, but we hope it will be effective.

Confined Space Entry – Non Maritime – SATISFACTORY

The annual program self-evaluation is provided as Attachment A to this evaluation.

Contract Safety Support – SATISFACTORY

This fiscal year our office began conducting some oversight workplace monitoring at contractor sites, on behalf of the government. This is not in support of the contractor, or in place of any workplace monitoring required by the contract. Rather, it serves to validate sampling conducted by the contractor's Certified Industrial Hygienist or other subcontractor. The purpose of this sampling is to ensure government employees and/or the general public is adequately protected from hazardous work being performed by a private contractor.

There were no serious contractor mishaps during the fiscal year. All contractor accidents are being reported to PACDIV using the Facility Accident Incident Reporting (FAIR) data base program distributed by NAVFAC. PACDIV, in turn, submits mishap data to NAVFAC along with FAIR reports for other Pacific-based activities.

PACNAVFACENGCOM OSH Office has the lead for safety and health support for the Regional Office in Charge of Contracting (ROICC), as recommended by NAVFAC. A Memo of Agreement was signed in April 1998. PWC PEARL currently provides approximately two man-years of support for the ROICC. Robert Bieniasz, our Safety Engineer, is included in the Contracting Department's budget; however, the OSH Office funds Mr. Bieniasz's professional development. Kerry Tamayose, our Industrial Hygienist, devotes most of his time to contracting issues. PACDIV has three safety professionals who devote most of their time to the ROICC.

Contract safety support (for PWC PEARL and the ROICC) will not be included in the Regional Safety Office. PACDIV will transfer one Safety Specialist to the regional office, which will assume management of PACDIV's NAVOSH Program. Robert Bieniasz, since he is budgeted and paid by the Contracting Department, will also remain out of the regional office. I am concerned that reducing contract safety support from five man-years to three will have a negative impact on the overall quality and timeliness of service.

Employee Reports of

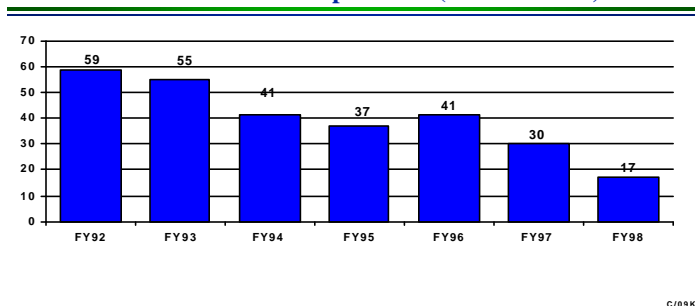
Unsafe/Unhealthful Working Conditions – SATISFACTORY

Six employee reports of unsafe/unhealthful working conditions have been submitted during FY-98, compared to three reports last fiscal year. Only one of the six involved a serious hazard, which was immediately corrected.

Ergonomics – SATISFACTORY

The FY-97 Ergonomics Evaluation is provided as Attachment B to this document. Based on this evaluation, it is evident that the Production Department experiences most of our back injuries annually. Because of the wide variety of work processes, trades and work environments involved with the sprains and strains, it is extremely difficult to accurately pinpoint trends.

Back Strains/Sprains (FY92 - 98)



As shown, a downward trend in the number of back strains and sprains each fiscal year continues.

Training, job hazard analysis, work process changes, and tool improvements have been utilized as a means to prevent recurrences.

We will continue emphasis on back injury prevention in the Production Department.

Hazardous Chemicals in Laboratories Program – SATISFACTORY

The new Industrial Waste Treatment Complex was opened in August 1998, including a laboratory. A Chemical Hygiene Officer needs to be appointed and a Chemical Hygiene Plan implemented. Both are in place for the larger Environmental Laboratory, which was relocated to Building 220, Pearl Harbor, during the fiscal year.

Hazardous Material Control and Management Program – SATISFACTORY

Code 800 is the Hazardous Material Control and Management (HMC&M) Program Manager. The FY-98 OSH-PIP included HMC&M action items, which are addressed separately.

PWC PEARL is not in full compliance with requirements of CHRIMP and HSMS, but is coordinating efforts with Naval Supply CHRIMP and HSMS consultants. In addition, our Material Department is studying the feasibility of merging all or part of their supply functions with the Fleet Industrial Supply Center (FISC).

In support of efforts being made to streamline procedures and provide the best possible service to customers, the OSH Office is working with our Material Department to improve the process for approval of additions to the Hazardous Material Authorized Use List. A Material Department employee is attending a series of health and safety courses identified by the OSH Manager to prepare him to assume responsibility for AUL approval. When training is complete, the OSH Office will provide oversight, and the Material Department will handle routine approvals.

Hearing Conservation – SATISFACTORY

Annual hearing conservation training is conducted annually during stand-up safety meetings. Supervisors are provided training materials and a timeframe (usually February), during which this training is to be conducted.

There was an increase in the number of hearing loss claims filed with the Office of Workman's Compensation (OWCP) this fiscal year. The OSH Office evaluated nine hearing loss claims; comments with noise survey data were provided to OWCP for their use in making a decision. One claim has been denied, two accepted, and the remainder awaits a decision by OWCP. Three more evaluations are in progress.

Most of our current noise surveys characterize operations within our workshops (e.g., in the Carpenter or Welding Shop). Since much of the work accomplished by our employees is outside of the work center, additional data characterizing potential exposure needs to be collected. We are coordinating with the Naval Medical Clinic for personal dosimetry to characterize exposure during FY-99.

Indoor Air Quality – SATISFACTORY

There were no indoor air quality complaints or issues during FY-98. One report was investigated and determined to be a water leak vice the suspected chemical problem.

The Naval Medical Clinic's Industrial Hygiene Branch and/or our staff Industrial Hygienists respond to complaints and/or inquiries regarding potential indoor air quality issues. Our OSH staff typically responds to housing resident concerns and conducts initial investigations and fact-finding. If a more detailed medical evaluation of the resident's family is required, EPMU-6 is notified. If the problem is related to air conditioning systems or other mechanical systems, our staff works with the Maintenance or Engineering Departments to correct the problem.

Industrial Hygiene Survey – SATISFACTORY

FY-98's Annual Industrial Hygiene Survey, conducted by the Naval Medical Clinic's Industrial Hygiene Branch, in coordination with our OSH Office, is in progress. Completion of the survey was delayed due to other priorities for the Naval Medical Clinic. Historically, the written report was not provided to our Command in a timely manner after field work was completed. The Clinic is reviewing the process and implementing changes, which should speed up the administrative processing of the survey. There were no major findings identified thus far and we do not anticipate any problems.

Inspection and Hazard Abatement Program – SATISFACTORY

Last fiscal year we reported that a new inspection documentation process was implemented which including issuing "informal" deficiencies at the time of inspection. If the "informal" is not corrected within 15 days, it becomes "formal" and entered into the Hazard Abatement Log. The new process has been very successful in eliminating late responses from supervisors, which had been a historical problem.

Semi-annual review of this program element by the Commanding Officer has been handled via status reports at OSH Policy Council meetings, typically provided in October and April of each fiscal year by the program manager.

As reported in last year's self-evaluation, we continue to pursue automation improvements for this program. As the regionalization study progressed, local OSH Offices recognized that each activity needed help in this area. NCTAMS volunteered to develop a program that could be adopted by the region. PWC PEARL will implement use of the Access-based Hazard Abatement Program in FY-99. Our Safety Program Assistant is working with NCTAMS to modify the program to include improvements that will benefit the entire Pearl Harbor region. We believe this program will be exportable to other regions during FY-99.

Lead Control Program – SATISFACTORY

Code 312 offers lead abatement services. Our office monitored 24 workplace operations in FY97 and 28 thus far in FY98. Most abatement operations involve lead-containing paint. Abatement workers are trained and maintain current qualifications as lead abatement workers.

Legislation is pending before Congress which, when and if passed, will require formal certification for lead abatement work, similar to asbestos abatement workers under EPA's AHERA. Congress has not acted on the proposed legislation for over two years.

Lock-Out/Tag-Out Program – SATISFACTORY

The Program Manager's annual self-evaluation is provided as Attachment C to this document.

Medical Surveillance Program - SATISFACTORY

We experienced problems this year when one Naval Medical Clinic physician unexpectedly resigned. This resulted in a backlog of routine medical exams for several months, causing some of our employees to lose medical qualifications for respirators, climbing, and other stressors. The Clinic replaced the physician in late July, and most of the backlog has already been cleared.

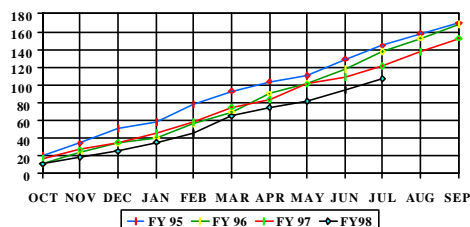
Throughout FY-97 and FY-98, our office has worked with work center supervisors to conduct detailed analyses of current work processes and potential exposures. The basis for the analysis was a Navy IG deficiency in our FY-96 Oversight Inspection (NOSHIP), which stated that we had too many people in medical surveillance. We expanded the study to identify what type of medical exams needed to be conducted, who needed the exams, what materials the employees were using, and what type of personal protective equipment each work center required. It was hoped the study of all production department work centers would be completed in FY-98, but completion is now estimated by the second quarter of FY-99. The study has been successful in reducing the number of medical tests performed, the type of exams required, and reducing personal protective equipment costs.

In August we learned that BUMED issued guidance in April 1998, recommending Hepatitis A vaccinations (HAV) for workers exposed to untreated sewage. We are working with the Naval Medical Clinic to incorporate HAV into our employees' regularly scheduled annual medical exam, vice having to schedule separate exams.

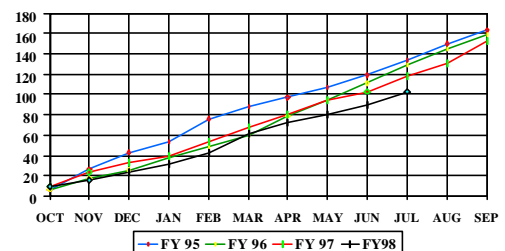
Mishap Investigation and Reporting Practices – SATISFACTORY

Quality of mishap investigations has improved this fiscal year. Not only is the current incident considered, but also the experience of the injured employee, his or her training, the work process and tools and equipment involved. Timeliness of report submission continues to be a problem.

*Year to Date
Monthly Injury / Illness*



*Monthly Injuries & Illness
(First Aid Deleted)*



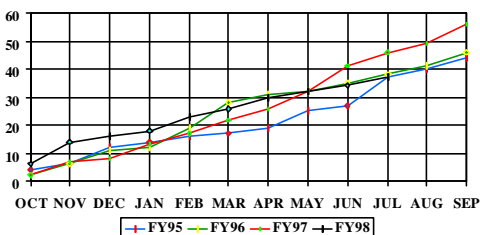
As illustrated in the charts above, total injuries have been reduced, continuing a five-year downward trend. Management involvement and support, and keeping safety and health

professionals in the field and on job sites are considered essential elements of mishap reduction. Written job orders routinely include safety requirements. Emergency work chits include safety messages. The OSH staff works with shop supervisors and employees prior to the start of jobs to evaluate potential hazards and identify methods to eliminate or control them. We're pleased with the Command's continued success.

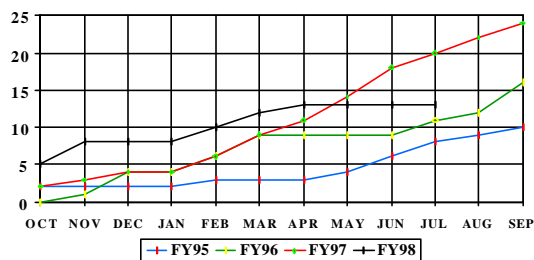
Our Safety Program Assistant, Michael Ornellas, automated data entry and tracking of personal injury, motor vehicle and material property damage accidents. By linking these databases to his previously developed Employee Safety Management Database, the easy-to-use program offers a variety of sorting, analyzing and report options. We've provided copies of the improved program to PWC Great Lakes, Naval Station Pearl Harbor, Naval Magazine Lualualei, and Naval Air Station Barbers Point. In addition, the improved database will be available to all Navy activities via the NAVFACENGCOM Web page in the near future.

Motor vehicle mishap reduction was added to the Command 'vital few' initiatives this fiscal year. At the end of first quarter, FY-98, nearly twice as many motor vehicle mishaps had occurred as during the same timeframe the previous fiscal year. As we were experiencing an upward trend in the number of preventable accidents over the last four years, this was particularly disturbing. However, we ended the fiscal year with our first reduction in the number of motor vehicle mishaps in the last five years.

Monthly Motor Vehicle Mishaps



Motor Vehicle Accidents - Reversing



emer

not move in to the Regional OSH Office, it ma
classes for PWC PEARL personnel, as required by OPNAVINST 5100.12. The regional team is studying this issue and evaluating several alternatives.

Occupational Reproductive Hazards Program – SATISFACTORY

Reproductive hazard training has been included as required training for FY-99. Audio-visual material was procured and a corresponding lesson plan generated. The Command's Authorized Use List (AUL) will continue to be screened to remove items that contain chemicals that are reproductive hazards without impacting current production. Material requested for AUL approval is evaluated for reproductive hazard constituents and suitable substitute materials are requested.

Personal Protective Equipment (PPE) Program – SATISFACTORY

PPE training continues to be required annually. Supervisors of various codes and work centers were interviewed to identify work processes conducted. Specific PPE was recommended based on the processes and hazards involved. As stated above, we expect to complete the PPE analysis in early 1999.

Pesticide Control Program – SATISFACTORY

The use of wasp spray has been restricted to qualified pest control personnel, by direction of the PWC PEARL Pest Management Consultant (PACNAVFACENGCOM, Code 18). It was identified that non-pest control personnel were undertaking large-scale eradication of wasp problems that should have been addressed by the Pest Control Department. There is a proposal being drafted allowing conditional use of wasp sprays, but only with strict controls.

Policy Council - SATISFACTORY

The OSH Policy Council met at least quarterly during FY-98. All meetings were held in conjunction with department/office head staff meetings. The method in which OSH Policy Councils are conducted needs to be reviewed with the new Commanding Officer, as monthly department/office head staff meetings were cancelled in August and replaced with weekly Executive Steering Group meetings.

Polychlorinated Biphenyls (PCBs) – SATISFACTORY

PWC PEARL Code 310 was tasked to abate various PCB contaminated sites (Navy-wide) under a PACDIV CLEAN contract. Abatement involved soil remediation and PCB extracting. The OSH office reviews the PCB Site Safety Plans generated for each remediation site, and monitors work in progress to establish baseline exposure data and document environmental release potential. Remediation workers have received PCB hazard awareness training and are qualified per 29 CFR 1910.120 as Hazardous Waste Operator (HAZWOPER) workers. All workers are enrolled in the PCB medical surveillance program.

Project, Operating, Purchasing and Contracting Procedures Review Program – SATISFACTORY

This function continues to grow as contract work increases. The Safety Engineer primarily reviews designs and projects. Staff Industrial Hygienists review projects involving hazardous materials, lead or asbestos abatement.

Work Center operating procedures are reviewed by Safety and Occupational Health Specialists and/or our Industrial Hygienist. Mishap investigations include a review of existing SOPs, with process changes recommended as appropriate to prevent future accidents.

The Material Department had excellent procedures to ensure all equipment/material purchases were coordinated with the OSH Office prior to procurement. However, as stated in our last self-evaluation, with increased use of the credit card, we've discovered that purchases were made without prior OSH review, which caused problems later. Improper personal protective equipment, hazardous materials, unauthorized equipment purchases have all been made and only caught after the fact when the Material Department is reviewing the purchase documents.

Respiratory Protection Program – SATISFACTORY

The annual self-evaluation conducted by our Respiratory Protection Program Manager (RPPM) is included as Attachment D to this document.

Our RPPM was selected for a position at Pearl Harbor Naval Shipyard and will not be replaced in view of regionalization plans. The function was reassigned to another Safety Specialist, which significantly impacted his workload. We anticipate this will be a temporary problem, until regionalization of the safety offices is implemented.

The regional study team has already begun evaluating activity programs to determine the best means of implementing a regional respiratory protection program. Uniform training, equipment, evaluations and monitoring present a unique challenge with our diverse workforce and processes.

Staffing and Functions of the OSH Office

The OSH budget has been reduced significantly over the past few years, as part of the overall reduction in overhead. As a result of these reductions, our staff reduced thru attrition and we implemented other cost-saving measures. Even with these initiatives, the budget reduction has been difficult to manage. We eliminated our travel budget and significantly cut our training budget. We did not purchase individual safety awards for the Production Department in FY-97 or FY-98.

NAVFAC has augmented our OSH budget for the last three years, providing \$20,000 in FY-96, \$30,000 in FY-97, and \$50,000 in FY-98. We do not expect this to continue. NAVFAC funds were used to finance the OSH Manager's travel connected with her role as a member of the NAVFAC Safety and Health Executive Steering Group. It also funded travel and per diem for Mr. Ornellas to attend the Navy Safety Conference this fiscal year, where he was a featured speaker, presenting the database he developed, distributing copies and teaching Navy safety professionals how to use it. This funding paid for NAVFAC-endorsed training for the OSH staff (high voltage electrical safety, fall protection) and procurement of specialized equipment (digital and video cameras used for mishap investigation and training, a laptop computer, and television/VCR combination). Part of the funds were used to pay labor and material costs when Mr. Ornellas developed his Employee Safety Management Database and made over 150 copies, which were distributed throughout the Navy.

As of the end of July 1998, we had executed 80% of our FY98 budget. On the surface, this indicates that we have done pretty well this year; however, that does not take into account the additional \$50,000 provided by NAVFAC and, as stated earlier, safety awards were not purchased this year.

We continue to evaluate, streamline, and cut costs. However, I do not believe the OSH budget can withstand further budget cuts. Without additional funding from NAVFAC in FY-99, we will be unable to maintain adequate professional development of the OSH Staff, procure safety awards, or attend important meetings and conferences. As we regionalize, this may have a bigger impact as cross training increases in importance. I would like to attend an ordnance safety course to ensure I am able to clearly understand the issues related to this aspect of the regional program.

Our Supervisory Industrial Hygienist, Vince Amoroso, was selected for a GS-13 supervisory position at Pearl Harbor Naval Shipyard. After evaluating current and future needs of both PWC PEARL and the regional OSH Office, we have decided not to recruit for another Supervisory Industrial Hygienist. I have submitted an accretion of duties personnel action to promote our Safety Technician to a GS-018-9, Safety and Occupational Health Specialist. She will assume some of Mr. Amoroso's former duties, and the remainder will be spread over the rest of our staff.

We are transferring most of the routine workplace monitoring to the Naval Medical Clinic. Our OSH Office will retain overall responsibility for ensuring monitoring is conducted, and will augment the Clinic Industrial Hygienists/Technicians to accomplish monitoring. Clearance sampling and oversight of contracting operations will remain with our OSH Staff. The safety regionalization team is receptive to the idea of cross-training all GS-7/9's in the Regional OSH Office as workplace monitors.

The Board of Certified Safety Professionals approved applications of three of our Safety and Health Specialists, including the OSH Manager. They will be taking the first of two Certified Safety Professional exams within the next two years. Kerry Tamayose, our Industrial Hygienist, sat for his first Certified Industrial Hygienist exam this fall.

Training (OSH) Program – SATISFACTORY

Mandatory safety and health training remains part of a comprehensive plan to ensure that training is conducted as required for personnel and operations. One major improvement added to the Database this fiscal year is a "Mandatory Training" menu, which identifies what safety and/or health courses are required for a particular trade or individual. For example, we can design a training template for welders, to ensure all welders receive the same type of training. Records for new employees are easily established, ensuring the OSH staff can track completion of all required courses.

Supervisors are given semi-annual status reports identifying delinquent training, so employees who have missed courses can complete any required training within the fiscal year.

WEIGHT HANDLING EQUIPMENT PROGRAM – SATISFACTORY

The annual self-evaluation for this program element is provided as Attachment E to this report.

SUMMARY COMMENTS

I am pleased with top management support for the OSH Program. However, I believe support weakens as you move down through the supervisory structure. I am not confident that first line supervisors' performance appraisals adequately consider their support for the OSH program. Prevention of recurring mishaps is the weakest area of the program. It is extremely difficult to convince a first line supervisor that he is ultimately responsible for the safety of his crew, or that he must take an active role in ensuring employees work safely at all times.

This has become more of an issue as A-76 studies, regionalization, downsizing, etc. have become common topics in the workplace. Fear of losing jobs, striving to keep costs down and get the job done faster, all in an effort to be more competitive, are commonly heard reasons for unsafe acts found on job sites.

PWC PEARL maintains one of the best Occupational Safety and Health Programs in the Navy. Active support and participation by managers, OSH professionals, supervisors and employees is the key factor to our success. The OSH Office has an exceptional staff, and receives terrific support from top management. We need continued financial support and more help at the front line—on the job site—if we are to achieve success in the future.

Very respectfully,

L. E. GOCHENOUER
Manager, Occupational Safety & Health

FY-99

***Quality Improvements
and Expected Output***



Section 4



FY-99 Plan Development

PWC Pearl's FY-99 Occupational Safety and Health Program Improvement Plan (OSH PIP) is based on a self-evaluation of the Command's NAVOSH Program, the Command Strategic Plan, Business Plan, Command "Top Ten" issues, and OSH goals and objectives. Special emphasis areas identified by the Chief of Naval Operations and the Naval Facilities Engineering Command, and the Naval Inspector General Process Review Models for NAVOSH Oversight Inspections were also considered during plan development.

Regionalization under Commander, Naval Base, Pearl Harbor, had a major role in the development of this OSH PIP. The future role of PWC PEARL's OSH staff and how it will blend with other safety and health professionals within the region for common support functions will continue to be a key issue throughout FY-99.

Mishap analysis and green table reviews provided information considered for inclusion in the FY-99 OSH PIP, as did inspection reports, program-specific self evaluations of the Respiratory Protection, Confined Space Safety, Ergonomics and Hazard Deficiency Abatement Programs. The current Industrial Hygiene Survey was also reviewed.

Action items in our FY-98 OSH PIP which were not completed are being continued into FY-99, and are identified as 'carry-over' actions. It is noted that our FY-97 OSH PIP established actions which we anticipated would take at least two years to complete.

Analysis of our mishap experience reinforced the need to focus on continuing to reduce motor vehicle mishaps. Strains and sprains continue to be our most common cause for lost workdays and demands additional attention. Trend analyses indicate we've achieved a slight improvement in the number of lost workday injuries, but we must continue to implement process changes to protect our aging workforce.

Regionalization, as well as the merger of Pacific Division, Naval Facilities Engineering Command and PWC PEARL contracting offices, present unique challenges for the OSH staff. As our customer base shifts, demands on our staff increase, and we must be prepared to meet the challenges ahead. Professional development needs from a regional perspective were also key factors in development of our FY-99 OSH PIP.

L. E. GOCHENOUER
Manager, Occupational Safety and Health



Ergonomics Initiatives - ER

Goal: Reduce the number of strains/sprains resulting in lost workdays by 15% by the end of FY99. Minimize potential for repetitive trauma disorders.

	Improvement Strategy	Functions & Activities	Action Code(s)	Output Measure	Target Date
ER-1	Analyze and thoroughly investigate RTD injuries and illnesses	Conduct in-depth investigation for claims potentially a result of repetitive trauma. Ensure JSA and workplace evaluations are conducted for ergonomic problems identified	09K Supv	Corrective actions to minimize RTD injuries/illnesses are implemented. Lessons learned are shared throughout Command and with other NAVFAC activities	1-4 Qtr
ER-2	Ensure new office designs and furniture procurements include OSH review.	Issue memo to 09SC, 400, 800 to remind them of importance of OSH review prior to procurement of furniture	09K	Memo issued	1 st Qtr
ER-3	Mishap investigations into sprains/strains identify root cause	Thorough mishap investigations for sprains/strains are conducted. Corrective actions are specific to work process.	09K NMC Supv Empl	Average lost workdays per sprain/strain are reduced.	4th Qtr
ER-4	Promote general health awareness and off-the-job ergonomic hazard awareness	Utilize Centergram and Plan of the Week to discuss ergonomic hazards.	09K 09R	Employee awareness of injury potential and personal responsibility to prevent self-induced problems	1-4 Qtr
ER-5	Evaluate administrative work areas for potential ergonomic problems	Re-evaluate Code 15 work stations; conduct evaluations in new Facilities, Environmental Compliance and Safety Departments	09K2	Evaluations conducted	4 th Qtr



Mishap Reduction - MR

Goal: Motor vehicle mishaps reduced by 15%. Total injuries and illnesses reduced to below a case rate of 6.22 (FY-98 level).

Improvement Strategy		Functions & Activities	Action Code(s)	Output Measure	Target Date
MR-1	Concentrate on elimination of strains/sprains.	Provide safety/health training focused on eliminating strains and sprains. Include root cause analysis of strain/sprain lost time mishaps in investigations.	09K Supv OSH Pol	Mishap case rate reduced. Number of strains/sprains in top five work centers reduced.	4 th Qtr
MR-2	Reduce number of motor vehicle mishaps	Provide driver safety training to all employees. Employees held accountable for preventable MVM	09K Dept Head Supv	15% reduction in motor vehicle mishaps in FY-99. 10% reduction in mishaps due to reversing government vehicles	4 th Qtr
MR-3	Supervisors receive mishap investigation, reporting and compensation claims processing training.	Develop supervisor training course on mishap investigation and reporting, workers compensation claims processing and supervisor responsibilities	09K ICPA FECA Committee	Training Conducted	3 rd Qtr



Program Improvements - PI

Goal: NAVOSH programs are improved, fewer deficiencies are identified in self-evaluations.
Oversight in the field indicates improved compliance with standards, regulations, etc.

	Improvement Strategy	Functions & Activities	Action Code(s)	Output Measure	Target Date
PI-1	Workplace monitoring data is maintained in an automated format to provide opportunities for queries, reports, etc.	Review/identify types of monitoring results to be tracked, analyzed. Determine format and required reports, queries	09KA 09K2	Workplace monitoring data base (government workers) is developed, implemented	3 rd Qtr
PI-2	Medical surveillance and PPE requirements for each work center are identified.	Evaluate work processes, med qualifications, PPE needs. Conduct workplace monitoring as needed to support decisions	09K1 09K2	Evaluation of all work centers completed; medical surveillance and PPE requirements identified, entered into ESMDB	3 rd Qtr
PI-3	Personnel using or attempting to obtain respirators are physically able to use them (no interfering facial hair).	Supvs trained re responsibilities for enforcing respirator use. Personnel not permitted improper access to respirators r. Attempts to improperly obtain, or improper use on job sites recorded in Def Abatement Log	09K1	Respirator Protection program self-evaluation and Deficiency Abatement Log do not document any improper respirator use.	4 th Qtr
PI-4	Command decision made regarding PWC PEARL workforce response to emergency response involving body fluids at customer activities	Mgmt determines whether PWC PEARL will accept bloodborne pathogen (BBP) job requests.	30 09K 500	If required, identify BBP response team, train and ensure they are medically qualified.	3 rd Qtr
PI-5	Confined Space rescue team identified, annual drills conducted. Fed Fire Department properly trained, equipped.	Finalize rescue plan with Federal Fire Dept (FFD); drills planned and conducted	CSPM FFD	FFD trained; drills conducted	4 th Qtr
PI-6	Personal dosimetry used to validate personnel in Hearing Conservation Program	Coordinate with NMC IH to conduct addl dosimetry	09K2 NMC	Dosimetry conducted; personnel in Hearing program evaluated	4 th Qtr
PI-7	Additional scaffold competent persons are available in work centers	Coordinate for scaffold competent person training	09K 500	Training conducted; competent persons appointed	3 rd Qtr



Regional OSH Office (RO)

Goal: Regional Occupational Safety & Health Office established, new procedures implemented.

Improvement Strategy		Functions & Activities	Action Code(s)	Output Measure	Target Date
RO-1	Establish organizational structure, mission and vision statement	Create Organizational Chart, revise COMNAVBASE PEARLINST 5450.1 series, Standard Organization and Regulations Manual	N45	Organization Chart published; COMNAVBASE PEARLINST 5450.1 series updated	2 nd Qtr
RO-2	Position descriptions developed; personnel assigned	Develop final regional position description; identify and assign personnel to PD's	N45	Personnel assigned to position descriptions, SF-52's completed	1 st Qtr
RO-3	COMNAVBASE PEARLINST 5100.3 rewritten	Review existing local instructions; modify/merge into final COMNAVBASE PEARL Regional Occ Safety & Health Manual	N45	COMNAVBASE PEARLINST 5100.3A published	3 rd Qtr
RO-4	Implement concept of operations: Mishap Reporting & Recordkeeping; training, medical surveillance; inspections, etc	Develop regional procedures for major program elements, write SOP's, publicize and/or train local commands on processes	N45	Procedures developed, including applicable forms, publicized to regional commands	2 nd Qtr
RO-5	Modify Employee Safety Management Database for regional application	Include UIC identification, location, military designation and rank, and other reports/queries for the region	09KA N45	ESMDB updated; all regional civilian/military data input, new queries/reports created	2 nd Qtr
RO-6	Regional OSH staff cross-trained to enhance response and support capabilities	Cross training needs identified	N45	IDP's developed	2 nd Qtr

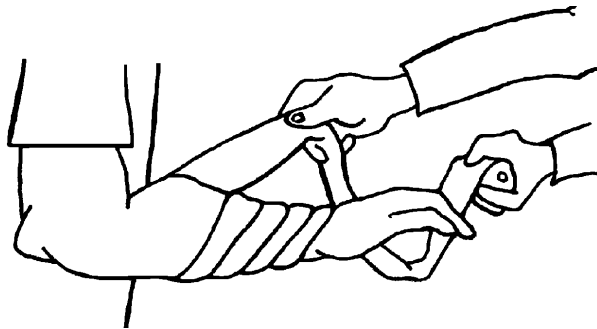


Workers Compensation Cost Reduction - WC

Goal: Reduce Workers Compensation Chargeback Costs below CBY-97 level (\$2.64 million)

	Improvement Strategy	Functions & Activities	Action Code(s)	Output Measure	Target Date
WC-1	Continue efforts to rehire employees on long term compensation rolls.	Identify permanent or created positions suitable for employees on permanent limited duty.	HSRC FECA Committee	Employees on long term comp rolls are returned to full time employment.	4 th Qtr
WC-2	Continue aggressive case management	Rtn empl to work as soon as feasible following a work-related injury or illness and reduce compensation costs.	HSRC Dept Hds FECA Coord	Lost work days reduced from FY-98 total Compensation costs reduced	4 th Qtr
WC-3	Continue effective light duty placement throughout Command	FECA Cost Reduction Comm monitors progress of light duty coordination/placement	HSRC FECA Committee	Lost workdays reduced Mean lost days/accident reduced from FY98 mean of 8.5 days/accident	4 th Qtr
WC-4	Pursue regional FECA cost reduction initiatives	Determine feasibility of inter-command limited duty assignments; identify other potential methods of reducing FECA claims/costs	HRSC N45	FECA cost reduction initiatives identified, implemented	4 th Qtr

Accident Statistics and Graphs



Section 5

SUMMARY OF FY-98 SERIOUS MISHAPS

“Serious Mishap” is defined as a case resulting in more than 10 lost work days or a permanent/partial disability.

MONTH	DEPARTMENT	TRADE	INJURY	LOST DAYS	DESCRIPTION
October 1997	Maintenance	Painter	Back Strain	16	Hurt back while bending, climbing and stooping during a painting job. Claim controverted and initially denied by OWCP; however, the denial was reversed on appeal—claim for back strain accepted
October 1997	Maintenance	Welder	Back Strain	33	Welder claim he experienced severe pain when he got up from a sitting position. OWCP terminated benefits in June 1998
November 1997	Material	Material Handler	Strains, Multiple	28	Involved in work-related motor vehicle mishap; was not at fault.
November 1997	Comptroller	Comptroller Dept Head	Strain, Multiple	29	Comptroller hurt leg and back when co-worker fell on her as they were walking between office buildings.
December 1997	Material	Material Handler	Repetitive Trauma, Left Shoulder	37	Employee underwent surgery due to recurring shoulder pain.
February 1998	Utilities	Secretary	Sprain, Left Ankle	18	Secretary tripped over a rumpled floor mat and sprained her ankle
March 1998	Material	Supply Technician	Contusion, Head	21	Library shelves in technical library fell over, trapping him between three file cabinets. Shelves were being emptied due to relocation of office.
July 1998	Maintenance	Welder	Back Strain	10	Welder felt a sharp pain in his back when he stood up after stooping to install a part